

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035819

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1246-A

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0397

0770

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9/170X

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125-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 9 1963

1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Springfield

Length of stay in 1b
Few weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Springfield Baptist

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ozark

c. CITY OR TOWN Wasola,

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Ruby M. Sherrill

4. DATE OF DEATH
Month Day Year
Sept. 3, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1-13-13

9. AGE (last birthday)
50

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
Housewife

11. BIRTHPLACE (City and state or country)
Ozark Co., Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

G. W. Durham

13b. MOTHER'S MAIDEN NAME

Ella Workman

14. NAME OF HUSBAND OR WIFE

Harry Sherrill

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Harry Sherrill, Wasola, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Adenocarcinoma breast with

INTERVAL BETWEEN
ONSET AND DEATH

8 years

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Skeletal metastases

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-3-60 to 9-3-63 and last saw her alive on 9-3-63
Death occurred at 5:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
9-7-63

23c. NAME OF CEMETERY OR CREMATORY
Murray

23d. LOCATION (City, town, or county)
Squires, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE, Acting

Clinkingbeard Funeral Home, Ava, Mo. 10-7-63

(Licensed Embalmer's Statement on Reverse Side)

Second copy sent to Dr. Ashleys office

USE BLACK INK

OR TYPEWRITER RIBBON

9/2/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles R. Fish

Licensed Embalmer No.

4662

P. O. Address

Ava, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.